

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WOODLAND VIEW ESTATE (0009512)

Address: 348 MILWAUKEE ST, FREDONIA, WI 53021

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096430 **End Date:** 02/08/2006 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007253 Served 03/04/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION		
83.32(2)(a)1	PHYSICAL HEALTH		
83.32(2)(d)	REVIEW OF PROGRESS		

Survey ID: 0095157 **End Date:** 06/22/2005 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007177 Served 07/09/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(5)(a)4	BATHROOMS SHALL PROVIDE PRIVACY	02/07/2006	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	02/07/2006	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	02/08/2006	Yes
83.53(3)(b)	SWING DOORS ONE HAND AND ONE MOTION	02/07/2006	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0090712 **End Date:** 07/22/2003 **Type:** OTHER **Purpose:** DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 07/07/2005 **SOD #**10007177 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary

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Complaint History

Date Complaint Received: 01/18/2006

Date Investigation Completed: 02/08/2006

Subject Area(s)

ABUSE
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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